

BASIC CONTRACTOR INFORMATION FORM

NAME OF COMPANY: _____

CONTRACTOR OR REPRESENTATIVE: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

TELEPHONE: (AREA CODE) _____ NUMBER: _____

CELL PHONE/ALTERNATE NUMBER:
(AREA CODE) _____ NUMBER _____

CONTRACTOR/REPRESENTATIVE ID NUMBER: _____
(ACCEPT DRIVER'S LICENSE ONLY, INCLUDE STATE)

PROPOSED WORK TO BE DONE:

COST OF WORK TO BE DONE: _____

START DATE: _____ END DATE: _____

PLEASE BE SURE TO FILL IN ALL OF THE INFORMATION YOURSELF TO ENSURE ACCURACY AND ALLOW YOU TO INSPECT IDENTIFICATION DOCUMENTS. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE PERSON TRYING TO SELL YOU SERVICES CONTACT THE SAN ANTONIO POLICE DEPARTMENT AT 207-7484 OR DIAL 911 IF IT IS AN EMERGENCY.

WARNING!

IF THE INDIVIDUAL TRYING TO DO BUSINESS WITH YOU **REFUSES** TO PROVIDE THE INFORMATION REQUESTED ON THIS FORM-**DO NOT ENTER INTO ANY AGREEMENT WITH THEM AND CALL THE POLICE DEPARTMENT AT 207-7484 TO REPORT THE INCIDENT.**